Political Organization Notice of Section 527 Status

OMB No. 1545-1693 General Information Partl Name of organization Employer identification number esouth BS Mailing address (P.O. Box or number, street, and room or suite number) City or town, state, and ZIP code E-mail address of organization 4a Name of custodian of records 112 MOUNT WORSHINGTON NC 27889 ROOMAN CPA 56 Contact person's address
1/2 MA/AST WITSH, NC 27859 5a Name of contact person CAM ROOMHI Business address of organization (if different from mailing address shown above). Number, street, and room or suite number City or town, state, and ZIP code Purpose Describe the purpose of the organization CAMPAIGN EXPENSES FOR RE-ELECTION OF ZEND List of All Related Entities (see instructions) 8a Name of related entity 8b Relationship 8c Address



Part IV	List of All Officers, Di	rectors, and Highly Co	mpensated Employees (see instructions)	, age 2
9a Nam	e	9b Title	9c Address	
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3.7	; ; ;			
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	Under penalties of perjury, I decla Revenue Code, and that I have ex- it is true, correct, and complete.	ure that the organization named in amined this notice, including acco	Part I is to be treated as an organization described in section 523 impanying schedules and statements, and to the best of my knowledge.	i of the internal adge and belief,
Sign	Signature of authorized offi	Sward fr	July 15 pate	2000
Here		Printed on	recycled paper Form (8871 (7-2000)

Form 8871 (7-2000)

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